

## **SURVEY OF THE OFFICE FOR PROFESSIONAL EDUCATOR LICENSURE SERVICES**

In an effort to improve our services to you, we request that you complete and return this form. If you experienced a problem or if you perceive a problem in the licensure process that you feel should be addressed, please provide specific information in the comments box. If you desire a written response, please include your name, address, and social security number. Your comments/suggestions will help us determine how to improve efficiency in this office and serve you better. Thank you.

<b>COMMUNICATION</b>		
<b>A. WRITTEN RESPONSES TO INQUIRY</b>		
Received promptly		___ Yes ___ No
Information clear, correct, and understandable		___ Yes ___ No
Sufficient information provided		___ Yes ___ No
<b>B. TELEPHONE CALLS</b>		
Received in a courteous manner		___ Yes ___ No
Information clear, correct, and understandable		___ Yes ___ No
Sufficient information provided		___ Yes ___ No
<b>C. OFFICE VISITS</b>		
Personnel courteous		___ Yes ___ No
Seen promptly		___ Yes ___ No
Information clear, correct, and understandable		___ Yes ___ No
Sufficient information provided		___ Yes ___ No
<b>D. REGULATIONS AND PROCEDURES</b>		
Were there regulations or procedures for your initial license that caused you problems?		___ Yes ___ No
Have you encountered problems with license renewal?		___ Yes ___ No
Have you encountered problems with adding an additional area to your license?		___ Yes ___ No
Have you encountered problems with advancing the level of your license (i.e. Bachelor's, Master's, Specialist's, or Doctorate?)		___ Yes ___ No
<b>E. OVERALL PERCEPTION OF THE OFFICE FOR PROFESSIONAL EDUCATOR LICENSURE SERVICES</b>		
Do you feel that the services of the Office for Professional Educators have been responsive and met your needs?		___ Yes ___ No

**(COMMENTS BOX ON BACK)**

## COMMENTS

(We cannot respond to your specific concerns and comments without name & S.S.# & email)

Name: \_\_\_\_\_

Last 4 S.S. # \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Non-Traditional Licensure Participant? Yes No  
If Yes, Where is your assigned instructional delivery site?

\_\_\_\_\_

### RETURN TO:

Program Support Manager  
Office for Professional Educator Licensure  
Arkansas Department of Education  
4 State Capitol Mall Room 106-B  
Little Rock, AR 72201-1071  
Fax # 501-682-4898  
Email: [ade.educatorlicensure@arkansas.gov](mailto:ade.educatorlicensure@arkansas.gov)